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TO: Commissioner for Patents

FROM:

Jason S. Feldmar

Attn: Examiner Blain T. Basom

OUR REF.:

G&C 30566.155-US-01

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RESPONSE UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 2173

PTO FAX NUMBER: 571-273-8300

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Title of Document Transmitted:	TRANSMITTAL DOCUMENTS AND AMENDMENT UNDER 37 C.F.R. 1.116					
Applicant:	Mark Stephen Webb					
Serial No.:	09/905,298					
Filed:	July 12, 2001					
Group Art Unit	2173					
Title:	COLLAPSIBLE DIALOG WINDOW					
Our Ref. No.:	G&C 30566.155-US-01					

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP;

Name: Jason S. Feldman

∕Reg. No.: 39,187

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Sionature

21. 22, 2006 Date

G&C 30566.155-US-01

### RECEIVED CENTRAL FAX CENTER

FEB 2 2 2006

RESPONSE UNDER 37 C.F.R. 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 2173

Due Date: February 28, 2006

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Mark Stephen Webb

Examiner:

Blaine T. Basom

Serial No.:

09/905,298

Group Art Unit:

2173

Filed:

July 12, 2001

Docket:

G&C 30566.155-US-01

Title:

COLLAPSIBLE DIALOG WINDOW

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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on February 22, 2006.

By: Jason S. Feldmar

MAIL STOP AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.

Amendment Under 37 C.F.R. §1.116.

CLAIMS PRESENT

Claims Remaining:	Highest Number Previously Paid For:	Number Extra		Rate		Fee
Total Claims						
27	30	0	х	\$50.00	_=	\$0.00
Independent Claims			T			
3	3	0	x	\$200.00	_ =	\$0.00
MULTIPLE DEPENDENT CLAIM FEE						
TOTAL FILING FEE						\$0.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

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Howard Hughes Center 6701 Center Drive West, Suite 1050 Los Angeles, CA 90045

(310) 641-8797

Name Jason S. Feldmar

Reg. No.: 39,187

JSF/mrj

G&C 30566.155-US-01

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T-080 P.003

F-331

FEB 2 2 2006

Due Date: February 28, 2006

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Independent Claims						
3	3	0	х	\$200.00	-	\$0.00
MULTIPLE DEPENDENT CLAIM FEE						
TOTAL FILING FEE						\$0.00

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Dear Sir:

In response to the Office Action dated December 28, 2005, which was made final, please enter the following amendments in the above-identified application.